


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90190 021 ****61.25

DOCUMENT # N05654

1. Entity Name
AMERICAN CONDOMINIUM PARKS-ZEPHYRHILLS, A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**35136 CONDOMINIUM BLVD.
ZEPHYRHILLS FL 33541**

Mailing Address
**35136 CONDOMINIUM BLVD.
ZEPHYRHILLS FL 33541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2721252**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MURPHY, DAVID J ATT.
GREENFELDER, MANDER, HANSON, MURPHY, & DWYER
14217 THIRD STREET
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD RENNER, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	35108 CONDO BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE NAME	VPD GRIFFIN, GROVER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	35122 DANNY DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE NAME	SD REEVES, REGINA	<input type="checkbox"/> Delete
STREET ADDRESS	35142 DANNY DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 35142	
TITLE NAME	TD ZIEGLER, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	4854 BAKER LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE NAME	VPD GREEN, HAROLD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4807 ELWANA WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD GERALD NOVAK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	35022 JADE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3/18/03 813-783-7398

CR2E037 (10/02)